

WICHITA BOARD OF ZONING APPEALS
APPEAL OF ADMINISTRATIVE INTERPRETATION
INSTRUCTIONS FOR FILING AN APPLICATION

1. An application for an appeal of an administrative interpretation of the Zoning, Landscape, or Sign Code must be signed by the appellant(s) or by the authorized agent(s) of such appellant and filed within 30 days after the administrative official has made a ruling. An appeal may be filed by any person aggrieved or by any officer of the city or county or any governmental agency or body affected by the decision of the administrative official.
2. In addition to the application form, the appellant must submit a written statement outlining in detail the manner in which it is believed that the administrative interpretation is in error. The appellant must also submit copies of the documentation provided by the administrative official from whom the appeal is taken.
3. A plot plan drawn to scale showing the proposed plan of improvements shall be submitted when deemed necessary by the Secretary.
4. The appellant must submit a certified listing from an abstract company of the names and current mailing addresses (including zip codes) of all owners of the property which is the subject of the appeal, as well as all property within 200 feet of the subject property.
5. The above-listed documents shall be submitted together with the fee established by the Governing Body. The fee should be made by check, payable to the City of Wichita, in the amount of \$85.
6. All documents and the fee shall be submitted to the Board of Zoning Appeals, % Metropolitan Area Planning Department, 10th Floor, City Hall, 455 N. Main Street, Wichita, KS, 67202-1688. Incomplete applications will be returned to the applicant.
7. Appellants are advised not to engage in *ex parte* communication with the Members of the Board of Zoning Appeals. All materials and communication prior to the public hearing shall be directed to the Secretary, who shall cause such to be entered into the official record on the appeal.
8. Appeals may only be granted upon an affirmative vote of at least four of the seven Members of the Board of Zoning Appeals, even if fewer than seven attend the public hearing. Applicants are advised that failure to receive four affirmative votes will result in the denial of the appeal.
9. The regular meeting date of the Board of Zoning Appeals is the fourth Tuesday of each month at 1:30 p.m. in the 10th Floor Conference Room, City Hall, 455 North Main, Wichita, KS. Alternate meeting dates may be scheduled upon approval of the Board.
10. Any person, official, or government agency dissatisfied with any order or determination of the Board of Zoning Appeals may bring an action within 30 days in the District Court of Sedgwick County to determine the reasonableness of any such order or determination.

**BOARD OF ZONING APPEALS
WICHITA, KANSAS**

**CASE NO.
FILED**

APPEAL OF ADMINISTRATIVE INTERPRETATION

I.	APPELLANT ADDRESS	PHONE ZIP CODE
	AGENT ADDRESS	PHONE ZIP CODE
	APPELLANT ADDRESS	PHONE ZIP CODE
	AGENT ADDRESS	PHONE ZIP CODE

Relationship of appellant to property is that of
(Owner, Tenant, Lessee, Other Party with Standing to Appeal)

II. The appellant herein appeals from the Administrative Interpretation, as follows:

for property generally located at:

and legally described as:

in Wichita, Sedgwick County, Kansas; and which is presently zoned

The decision was rendered on _____ and refers to Section
of the _____ Code.

III. By his/her signature, the appellant, or his/her authorized agent, hereby acknowledges:

- a. That the appellant has received an instruction sheet concerning the filing and hearing of this matter;
- b. That the appellant has been advised of the fee requirements established by Governing Body and that the appropriate fee is herewith tendered;
- c. That the appellant has been advised of his right to bring action in the District Court of Sedgwick County to appeal the decision of the Board; and,
- d. That all documents are attached hereto as noted in paragraphs 2, 3 and 4 of the instructions.

Appellant: _____

Authorized Agent: _____

Appellant: _____

Authorized Agent: _____

For Office Use Only

Map _____ Zoning (N) _____ (S) _____ (E) _____ (W) _____

BZA Date _____ Council District _____

Date _____ Fee _____ Received by _____

Required Documents:

___ Decision being appealed ___ Legal Description ___ Site Plan ___ Appeal Justification